

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90013 005 ***150.00

DOCUMENT # P97000013273

1. Entity Name

R.T.M. OF CORAL SPRINGS, INC.



Principal Place of Business

1239 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

Mailing Address

1239 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

2. Principal Place of Business

8241 WEST ATLANTIC BLVD.

3. Mailing Address

8241 WEST ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL.

City & State

CORAL SPRINGS FL.

Zip

33071

Country

USA

Zip

33071

Country

USA

4. FEI Number

65-0734605

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINICHELLO, RICHARD
1239 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name ~~(SAME)~~ MINICHELLO RICHARD J. SR.

Street Address (P.O. Box Number is Not Acceptable)

8241 WEST ATLANTIC BLVD

City

CORAL SPRINGS

FL

Zip Code
33071

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE RICHARD MINICHELLO

Signature, typed or printed name of registered agent and title if applicable.

Richard Minichello

(NOTE: Registered Agent signature required when reinstating)

2-4-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MINICHELLO, RICHARD J SR.	
STREET ADDRESS	1239 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MINICHELLO, MADELINE	
STREET ADDRESS	1239 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINICHELLO, TERESA M	
STREET ADDRESS	1239 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINICHELLO, RICHARD J	
STREET ADDRESS	1239 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINICHELLO, MICHAEL T	
STREET ADDRESS	1239 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINICHELLO, MADELINE A	
STREET ADDRESS	1239 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD J. MINICHELLO SR.	
STREET ADDRESS	8241 WEST ATLANTIC BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADELINE MINICHELLO	
STREET ADDRESS	8241 WEST ATLANTIC BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERESA MACRI M	
STREET ADDRESS	8241 WEST ATLANTIC BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINICHELLO RICHARD J.	
STREET ADDRESS	8241 WEST ATLANTIC BLVD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINICHELLO MICHAEL T.	
STREET ADDRESS	8241 WEST ATLANTIC BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINICHELLO MADELINE A.	
STREET ADDRESS	8241 WEST ATLANTIC BLVD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD MINICHELLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Minichello

2-4-04

Date

(954) 345-8685

Daytime Phone #